

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

S P — 3 9 2

2. STATE:

Delaware

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -0-

b. FFY 2003 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 9 Addendum

Attachment 3.1-D

Attachment 4.19-B, Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, Page 9 Addendum

Attachment 3.1-D

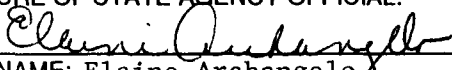
Attachment 4.19-B, Page 2

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to cover none-emergency transportation
an administrative expense, as permitted by federal regulations, except for emergency ambulan
coverage, which will remain unchanged.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Governor's comments to follow under
separate correspondence

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Elaine Archangelo
Director, DSS14. TITLE: Designee for Vincent P. Meconi, Secretary
Delaware Health and Social Services

15. DATE SUBMITTED:

09/11/02

16. RETURN TO:

Elaine Archangelo

Director

Division of Social Services

P.O. Box 906

New Castle, Delaware 19720-0906

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

9/19/02

18. DATE APPROVED:

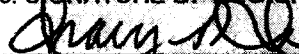
10/31/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/02

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Mary T. McSorley

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

NEW STATE PLAN

ATTACHMENT 3.1-A
Page 9 Addendum

LIMITATIONS

24.a **Transportation for medical services is provided in two ways:**

- (a) **As an administrative service through contractual arrangements /intradepartmental agreements. Transportation provided as an administrative service includes:**
 - i. **Non-Emergency transportation through contractual broker arrangements.**
- (b) **As an optional medical service through direct vendor payment. Transportation provided as an optional medical service includes:**
 - i. **Emergency transportation, and**
 - ii. **Services provided outside the broker's contractual obligation.**

24.f. Personal Care Services

Eligible recipients of personal care are Medicaid recipients who are disabled by mental illness, alcoholism, or drug addiction as defined in the Medicaid Provider Manual for Community Support Service Programs.

Persons eligible to provide personal care services are those who are qualified as an Assistant Clinician as defined in the Medicaid Provider Manual for Community Support Service Programs.

The recipient's physician must certify medical necessity for personal care services based on a completed comprehensive medical/psycho-social evaluation and treatment plan as defined in the Medicaid Provider Manual for Community Support Service Programs.

TN No. SP-392
Supersedes
TN No. SP-302

Approval Date October 1, 2002
Effective Date October 1, 2002

NEW STATE PLAN

ATTACHMENT 3.1-A
Page 9 Addendum

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